



Department of Public Safety  
Licensing and Inspections Unit

164 State House Station  
Augusta, ME 04333-0164

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**APPLICATION FOR INDOOR PYROTECHNIC DISPLAY BEFORE PROXIMATE AUDIENCE**

**APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW**

NAME OF SPONSOR \_\_\_\_\_ TEL: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COMPANY ISSUING LIABILITY INSURANCE:**

\_\_\_\_\_  
(Signature and title of Sponsor)

1. Covering Storage: \_\_\_\_\_  
(name) (Certificate #) (limits)
2. Covering Display: \_\_\_\_\_  
(name) (Certificate #) (limits)

**LICENSED TECHNICIAN INFORMATION**

NAME OF LICENSED TECHNICIAN FOR DISPLAY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DISPLAY SITE INFORMATION**

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
SPECIFIC LOCATION: \_\_\_\_\_  
DIRECTIONS: \_\_\_\_\_  
CONTACT PERSON WHO WILL BE AVAILABLE AT THE FACILITY: \_\_\_\_\_ TEL NUMBERS: \_\_\_\_\_

THE APPLICATION SHALL BE ACCOMPANIED BY AN ACCURATE AND DETAILED PLAN OF THE EVENT AND ALL REQUIREMENTS OF NFPA 1126 AND NFPA 160

**SAMPLE CHECK LIST OF INFORMATION**

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|---|--|
| 1. DIAGRAM OF THE DISCHARGE SITE.   | 11. MSDS SHEETS  |
| 2. DIAGRAM OF THE SPECTATOR VIEWING AREA.   | 12. FIRE RETARDANT CERTIFICATIONS  |
| 3. DIAGRAM OF THE FALLOUT AREA.   | 13. MANNER AND PLACE OF STORAGE OF PRODUCTS  |
| 4. DIAGRAM SHOWING ALL EFFECTS  | 14. TYPES AND NUMBERS OF FLAME EFFECTS   |
| 5. DIAGRAM SHALL ACCURATELY SHOW ALL DIMENSIONS OF THE EFFECTS AREA                             | 15. CERTIFICATION OF COSTUMES FOR FIRE RETARDANT   |
| 6. QUALIFICATIONS OF THE PYROTECHNIC OPERATOR   | 16. TIME AND SEQUENCE OF EFFECTS   |
| 7. THE NUMBER, NAMES, AND AGES OF ALL ASSISTANTS WHO ARE TO BE PRESENT                          | 17. INSURANCE CERTIFICATE NAMING THE COMMISSIONER OF PUBLIC SAFETY AS CERTIFICATE HOLDER |
| 8. CONFIRMATION OR ANY APPLICABLE STATE AND FEDERAL LICENSES HELD BY THE OPERATOR OR ASSISTANTS | 18. COPIES OF ALL ATF LICENSES   |
| 9. THE NUMBER AND TYPES OF PYROTECHNIC DEVICES  | 19. ANY LP GAS LICENSES NEED FOR FLAME EFFECTS   |
| 10. ANY POINT OF ON SITE ASSEMBLY OF PRODUCTS   |  |

**BE SURE TO ADD IN ALL INFORMATION AS REQUIRED BY NFPA 160, 1126, and 1123.**

**DISPLAY INFORMATION**

DATE OF DISPLAY: _____	NAME AND ADDRESS OF PERSON/COMPANY FURNISHING DISPLAY AND MATERIALS: _____ _____ _____ TELEPHONE: _____
TIME OF DISPLAY: _____	
CITY/TOWN: _____ COUNTY: _____	

**↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓**

APPLICATION REC'D:	SENT TO INSPECTOR:	APPROVED BY:	PERMIT # ISSUED:	CERTIFICATE #:	Date received by Inspector/Investigator:
\$141.00 FEE REC'D	DATE:	DATE:	DATE:	CERTIFICATE CHECKED FOR WORDING BY:	<div>OK TO ISSUE: <input type="checkbox"/></div> <div>FAILED INSPECTION: <input type="checkbox"/></div>